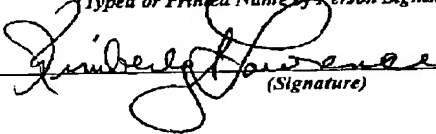
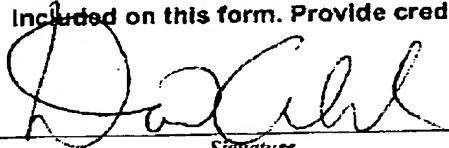


<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No. 125974/GEM-0053
Applicant(s): Darin K. Okerlund			
Application No. 10/065,595	Filing Date 11/1/2002	Examiner Shaw, Shawna J.	Group Art Unit 3737
Invention: METHOD AND APPARATUS FOR MEDICAL INTERVENTION PROCEDURE PLANNING			RECEIVED CENTRAL FAX CENTER MAR 03 2005
<p>I hereby certify that this <u>Amendment Transmittal (1p), Amendment Under 37 CFR 1.111 (19s) Total pages=21ps</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)</p> <p>on <u>March 3, 2005</u> (Date)</p> <p style="text-align: right;">Kimberly A. Lawrence (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;"> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

P18/REV02

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>125974/GEM-0053</b>									
Applicant(s): <b>Darin K. Okerlund</b>														
Application No. <b>10/065,595</b>	Filing Date <b>11/1/2002</b>	Examiner <b>Shaw, Shawna J.</b>	Customer No. <b>23413</b>	Group Art Unit <b>3737</b>	Confirmation No. <b>2440</b>									
Invention: <b>METHOD AND APPARATUS FOR MEDICAL INTERVENTION PROCEDURE PLANNING</b>														
<b><u>COMMISSIONER FOR PATENTS:</u></b>														
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.														
<b>CLAIMS AS AMENDED</b>														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	35 -	33 =	2	x \$50.00	\$100.00									
INDEP. CLAIMS	3 -	4 =	0	x \$200.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$100.00</b>									
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <b>07-0845</b> in the amount of <b>\$100.00</b> <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>														
 _____ Signature			Dated: <b>March 3, 2005</b>											
<b>David Arnold</b> <b>Registration No. 48,894</b> <b>Cantor Colburn</b> <b>55 Griffin Road South</b> <b>Bloomfield, CT 06002</b> <b>phone: 860-286-2929</b> <b>fax: 860-286-0115</b>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ (Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on		_____ (Date)		_____ Signature of Person Mailing Correspondence		_____ Typed or Printed Name of Person Mailing Correspondence	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on														
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_____ Typed or Printed Name of Person Mailing Correspondence														
CC:														

P111LARGE/REV08

Appln. No. 10/065,595  
Docket No. 125974/GEM-0053

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appln. No.:	10/065,595	:	Confirmation No.:	2440
Applicant:	Darin R. Okerlund	:	Group Art Unit:	3737
Filed:	November 1, 2002	:	Examiner:	Shaw, Shawna J.
Docket No.:	125974/GEM-0053	:		

For: **METHOD AND APPARATUS FOR MEDICAL INTERVENTION  
PROCEDURE PLANNING**

March 3, 2005

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT UNDER 37 CFR 1.111**

Sir:

This is in response under 37 CFR §1.111 to the Office Action dated December 9, 2004, issued in the above-identified application, wherein Applicant requests reconsideration and entry in view of the following amendment and remarks.

**Amendments to the Claims** are reflected in the listing of claims that begins on page 2 of this paper.

**Remarks/Arguments** begin on page 11 of this paper.

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being facsimile transmitted to 703-872-9306 to the United States Patent and Trademark Office on the date shown below.

Kim Lawrence  
Name

Kim Lawrence  
Signature

3/3/2005  
Date